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DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
- ☐ Purchase
- ☒ Donation
- ☐ Other

Explain: 5 Year donation

☒ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 04 / 01 / 2011
END DATE 10 / 15 / 2015

FOR OFFICE USE ONLY	
FILE No. <u>CS4-23733C</u>	WRIA <u>44</u>
DATE ACCEPTED <u>09/06/11</u>	BY <u>[Signature]</u>
FEE \$ <u>0</u>	REC'D <u>08/09/2011</u>
CHECK No. <u>[Signature]</u>	
SEPA: <input type="checkbox"/> Exempt	<input type="checkbox"/> Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Alfred & Marilyn Mus	PHONE NO. 206 923 1234	FAX NO.
ADDRESS 1661 Harbor Ave SW #402		
CITY Seattle	STATE WA	ZIP CODE 98126

CONTACT NAME (IF DIFFERENT FROM ABOVE) Lisa Pelly, Trout Unlimited	PHONE NO. (509) 888-0970	FAX NO. (509) 888-4352
ADDRESS 103 Palouse St. Suite #14		
CITY Wenatchee	STATE WA	ZIP CODE 98826

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER S4-23733	RECORDED NAME(S) Double H Orchards
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY	
WATER RIGHT NO. _____	FILE (contract) NO. _____

CS4-23733C

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): donation	

WATER RIGHT DESCRIPTION

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	N O .	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Columbia River(Lake Entiat)				21	26N	21 E.W.M	96700001000	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE- FT/YR	PERIOD OF USE
Orchard	1.012 CFS	225	April 1 st to October 15 th

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream flow	225

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Lot 10, Desert Shores. Section 21, Township 26 N., Range 21 E.W.M							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		21	26N	21E	Douglas	96700001000	45
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Columbia River (Lake Entiat) Douglas County

7. Remarks and Other Relevant Information:

This Trust Application seeks to effectuate an acquisition of the water right to be used exclusively for fish maintenance and enhancement, recreational uses and preservation of environmental and aesthetic values as allowed under RCW Chapters 90.03, 90.42 and 90.58. This purchase offers biological benefits and addresses limiting factors for fish species. Therefore, we request expedited processing under WAC 173-152-050(2)(b) and (3)(a).
Alfred and Marilyn Mus wish to retain the option to remove their water rights from trust during the 5 year donation period. They will notify Ecology or Washington Water Project on or before February 1 of the upcoming irrigation season.

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

	
_____ (Applicant)	7 / 2 / 11 (Date)
	
_____ (Water Right Holder)	7 / 2 / 11 (Date)
	
_____ (Land Owner(s) of Existing Place of Use)	7 / 2 / 11 (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____ DATE: ____/____/____	